

## APPENDIX

Date \_\_\_\_\_

## REQUISITION BLANK

No. \_\_\_\_\_

PLEASE FURNISH AND DELIVER TO \_\_\_\_\_ AT \_\_\_\_\_

BUILDING THE FOLLOWING ITEMS TO BE USED FOR \_\_\_\_\_

Prescribed by State Board of Accounts Form No. 500

[illegible]

AUTHORIZED BY

ORDERED BY

GOODS RECEIVED BY

EXHIBIT A



## ACCOUNTS PAYABLE VOUCHER

SCHOOL CORPORATION \_\_\_\_\_, Indiana

A invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

<p>Payee</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Purchase Order No. _____</p> <p>Terms _____</p> <p>Date Due _____</p>
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[illegible]

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received except \_\_\_\_\_

\_\_\_\_\_, 19\_\_\_\_

Signature

Title

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-1.6.

\_\_\_\_\_, 19\_\_\_\_

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Treasurer

EXHIBIT  
PAGE 1

VOUCHER NO. \_\_\_\_\_ WARRANT NO. \_\_\_\_\_

PAYEE

### Charge These Appropriation

[illegible]

SAMPLE

We have examined the invoice(s) or bill(s) attached and are approving such invoice(s), bill(s) in the amount of

\$\_\_\_\_\_

APPROVED \_\_\_\_\_, 19\_\_

BOARD OF SCHOOL TRUSTEES

NOTE: Total hours or days to be paid shall equal the days or hours worked plus authorized leave to which an employee might be entitled by law and under the leave policies established by the governing body. The "Days Lost" column will apply only to salaried employees (not hourly) not entitled to pay for such days.

Page \_\_\_\_\_ of \_\_\_\_\_ Pages  
\_\_\_\_\_ Fund

SAMPLE

**REGULAR TIME AND OVERTIME**  
Two lines have been provided for each employee to show regular time hours and overtime hours worked and the amount each employee earned for regular time and overtime.

STATE OF INDIANA,

STATE OF INDIANA,

**Agency**

**Basic Pay**

**(Official Title)**

**This is in proper form.**

**That it is duly authenticated as required by law.**

**contract.**

**statutory authority.**

**connect**

**incorrect.**

**Disbursing Officer**

CLAIM NO. \_\_\_\_\_

**(Inclusive)**

PAYROLL OF

(Office, Board, Department or Institution)

(Fund)

§ \_\_\_\_\_

**\$** \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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**\$**

**19**\_\_\_\_\_

In the Sum of \$ \_\_\_\_\_

(Board of Commission)

### DISTRIBUTION OF EXPENSE

**Total Gross Pay**  
**FILED**

Official Title

(GOVERNMENTAL UNIT)

TO \_\_\_\_\_ DR.

(OFFICE, BOARD, DEPARTMENT OR INSTITUTION)

ON ACCOUNT OF APPROPRIATION NO. \_\_\_\_\_ FOR \_\_\_\_\_

[illegible]

Pursuant to the provisions and penalties of Chapter 155, Acts 1953, I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits and that no part of the same has been paid.

Date \_\_\_\_\_

Claim No. \_\_\_\_\_ Warrant No. \_\_\_\_\_

IN FAVOR OF

\$ \_\_\_\_\_

On Account of Appropriation No. \_\_\_\_\_ for \_\_\_\_\_

Allowed \_\_\_\_\_, 19\_\_\_\_

In the sum of \$

SAMPLE

(Board or Commission)

**FILED**

**I have examined the within claim and hereby  
certify as follows:**

**That it is in proper form.**

That it is duly authenticated as required  
by law.

**That it is based upon statutory authority.**

That it is apparently { correct.  
incorrect.

Disbursing Officer

I certify that the within bill is true and correct; that the mileage therein itemized and for which charge is made was ordered by me and was necessary to the public business; and that the rate per mile is in accordance with statutes or governing ordinances, except

19-

[illegible]

STATE OF INDIANA, \_\_\_\_\_ COUNTY, SS.

I, \_\_\_\_\_, \_\_\_\_\_  
Name (Title)  
\_\_\_\_\_ hereby certify that I have

examined the service record of each contractor listed on pages \_\_\_\_\_ to \_\_\_\_\_ of this schedule; that each contractor has performed the services for which the compensation is to be paid; that to the best of my knowledge and belief no part of the compensation of any contractor listed hereon is being divided or paid to any other person on account of or by reason of his employment; that the compensation listed opposite the name of each contractor is based upon the contract on file for the route listed and is justly due each such contractor; that this schedule totaling \$ \_\_\_\_\_ is correct and has by me been approved.

Date \_\_\_\_\_, 19\_\_\_\_

(Signature)

(Official Title)

CLAIM NUMBER \_\_\_\_\_

Check Nos. \_\_\_\_\_ to \_\_\_\_\_  
(Inclusive)

SCHEDULE OF PAYMENTS DUE SCHOOL  
BUS INDEPENDENT CONTRACTORS FOR

\_\_\_\_\_  
(Name of School)

Total amount of checks \$ \_\_\_\_\_

I have examined the within claim and hereby  
certify as follows:

That it is in proper form.

That it is duly authenticated as required  
by law.

That it is based upon contracts.

That it is apparently { correct.  
incorrect.

\_\_\_\_\_  
(Disbursing Officer)

Allowed \_\_\_\_\_, 19\_\_\_\_

In the sum of \$ \_\_\_\_\_

\_\_\_\_\_  
(Board or Commission)

SAMPLE



[illegible]

I hereby certify that each of the above listed vouchers and the invoices, or bills attached thereto, are true and correct and I have audited same in accordance with IC 5-11-10-1.6.

\_\_\_\_\_, 19\_\_\_\_

Fiscal Officer

## ALLOWANCE OF VOUCHERS

(IC 5-11-10-2 permits the governing body to sign the Accounts Payable Voucher Register in lieu of signing each claim the governing body is allowing.)

We have examined the vouchers listed on the forgoing accounts payable voucher register, consisting of \_\_\_\_ pages, and except for vouchers not allowed as shown on the Register such vouchers are allowed in the total amount of \$ \_\_\_\_\_.

Date this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.


SIGNATURES OF GOVERNING BOARD



## ACCOUNT NUMBER \_\_\_\_\_

EXHIBIT

## TREASURERS DAILY BALANCE OF CASH

		Balance From The Previous Day 1	Receipts For The Day 2	Investments Purchased For The Day 3	Disbursements For The Day 4	Investments Cashed For The Day 5	Balance Close of Day 6
1	Ledger Balance - Cash Funds			xxxxx		xxxxx	
2	Investments From Ledger Funds		xxxxx		xxxxx		
3	Totals						
		Depository Balances Previous Day 1	Deposits During Day Ledger Funds 2	Investments From Depository Balances Cashed-Cost 3	Warrants Issued During Day Ledger Funds 4	Investments From Depository Balances Purchased-Cost 5	Depository Balances Close of Day 6
	NAMES OF DEPOSITORIES						
4A							
4B							
4C							
4D							
4E							
4F							
4G							
4H							
4I							
4J							
5	Total Depository Balances						
		Investment Balances Previous Day 1		Investments Purchased- Cost 3		Investments Cashed-Cost 5	Investment Balances Close of Day 6
	INVESTMENTS - (Listed by Funds as Shown in Investment Register)						
6A			xxxxx		xxxxx		
6B			xxxxx		xxxxx		
6C			xxxxx		xxxxx		
6D			xxxxx		xxxxx		
6E			xxxxx		xxxxx		
6F			xxxxx		xxxxx		
6G			xxxxx		xxxxx		
6H			xxxxx		xxxxx		
6I			xxxxx		xxxxx		
6J			xxxxx		xxxxx		
7	Depository Balances Invested		xxxxx		xxxxx		
8	Total Investments		xxxxx		xxxxx		
9	Totals - Depositories and Investments		xxxxx		xxxxx		

# DEPOSITORIES AND INVESTMENTS

DATE \_\_\_\_\_ 19\_\_

	Column 1	Column 2	
Cash on Hand Beginning of Day (Line 11, preceding page)		xxxxx	1
Add Receipts for the Day (Line 1, Col. 2, opposite page)		xxxxx	2
Add Investments From Depository Balances - Cashed - Cost (Line 5, Col. 3, opposite page)		xxxxx	3
Totals		xxxxx	4
Deduct Deposits During the Day (Line 5, Col. 2, plus Col. 3, opposite page)		xxxxx	5
Net Cash on Hand for which Accountable		xxxxx	6
Cash on Hand Close of Day (Per Cash Count):			7
Currency	xxxxx		8
Coins	xxxxx		9
Checks and Money Orders	xxxxx		10
Total Cash on Hand Close of Day	xxxxx		11
Deduct Advances for Cash Change Fund (If not included in Ledger Balances)	xxxxx		12
Net Cash on Hand (After Deducting Advances)	xxxxx		13
Add-Depository Balance - Close of Day (Line 5, Col. 6, opposite page)	xxxxx		14
Total Cash on Hand an in Depository	xxxxx		15
Add Cash Under	xxxxx		16
Deduct Cash Over	xxxxx		17
Total	xxxxx		18
Add Investments on Hand Close of Day (Line 8, Col. 6, opposite page)	xxxxx		19
Proof (Must equal Record Balance Close of Day, Line 3, Col. 6)	xxxxx		20
			21
			22
			23
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			37
			38

## Prescribed by State Board of Accounts

## Board of School Trustees

[illegible]

# EXHIBIT K

## SCHOOL YEAR 19\_\_ - 19\_\_

RETIREMENT NO. \_\_\_\_\_

SCHOOL CORP. OF LAST EMPLOYMENT	ACCUMULATED SICK LEAVE EARNED	CREDIT TO DATE (EXCLUDING THIS SCHOOL YEAR)
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[illegible]

EXHIBIT L

(Unit)

EMPLOYEE'S SERVICE RECORD

YEAR

REMARKS Workweek Begins: Hour of Day ; Day of Week														NAME AS ON SOCIAL SECURITY CARD (Mr., Mrs., Miss)														EMPLOYEE NUMBER																																			
Basis of Pay: (Hr., Day, Week, Bi-Weekly, Month)														ADDRESS														ZIP CODE																																			
Date of Birth:														SOC. SEC. NO.							CLASSIFICATION																																										
Normal Work Schedule *														OFFICE, BOARD OR DEPT.							BEGIN. DATE EMPL.				LEAVE ACCRUAL DATE																																						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	REGULAR VACATION LEAVE			SICK LEAVE			OTHER LEAVE																									
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	EARNED	TAKEN	BALANCE	EARNED	TAKEN	BALANCE	TAKEN	EXPLANATION																																							
BALANCE BROUGHT FORWARD FROM LAST YEAR -----																																																															
JAN.																																																															
FEB.																																																															
MAR.																																																															
APR.																																																															
MAY																																																															
JUNE																																																															
JULY																																																															
AUG.																																																															
SEPT.																																																															
OCT.																																																															
NOV.																																																															
DEC.																																																															

V - VACATION LEAVE    S - SICK LEAVE    L - LOST TIME    OL - OTHER AUTHORIZED LEAVE    SHOW VACATION, SICK LEAVE AND OTHER ABSENCES IN DAYS AND HALF DAYS.

\* EXCEPTIONS TO THE NORMAL WORK SCHEDULE SHALL BE NOTED AND ATTACHED TO THIS FORM.

EMPLOYEE'S EARNINGS RECORD

UNIT \_\_\_\_\_

OFFICE, BOARD OR DEPARTMENT \_\_\_\_\_  
(SEE OTHER SIDE FOR INSTRUCTIONS)

BASIS OF PAY (PER MONTH, WEEK, HOUR) \_\_\_\_\_

OTHER COMPENSATION TYPE \_\_\_\_\_  
AMOUNT \_\_\_\_\_

EXEMPTION STATUS FEDERAL \_\_\_\_\_ STATE \_\_\_\_\_

MR., MRS., MISS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

SOC. SEC. NO. \_\_\_\_\_

ZIP CODE \_\_\_\_\_

FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS

General Payroll Form 99B (Rev. 1985)

	DATE OF WARRANT	PAYROLL PERIOD ENDING	C o d e	NONCASH BENEFITS	GROSS PAY	TOTAL	DEDUCTIONS										AMOUNT OF WARRANT	WARRANT NUMBER
							FEDERAL WITH. TAX	SOCIAL SECURITY	STATE WITH. TAX	INSURANCE	RETIREMENT							
	FORWARD																	
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
	TOTAL 1ST QUARTER																	
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
	TOTAL 2ND QUARTER																	
	TOTAL TO DATE																	

SAMPLE

Prescribed by State Board of Accounts		Form No. 509 (1967)	
Fund		No. _____	
Appr. No.	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	SAMPLE	Pay to the Order of _____ \$ _____
			_____ Dollars
			100
			In Payment of Claim No. _____
			_____ Treasurer

Prescribed by State Board of Accounts		Form No. 509 (1967)	
Fund		No. _____	
Appr. No.	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	SAMPLE	Pay to the Order of _____ \$ _____
			_____ Dollars
			100
			In Payment of Claim No. _____
			_____ Treasurer

Prescribed by State Board of Accounts		Form No. 509 (1967)	
Fund		No. _____	
Appr. No.	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	SAMPLE	Pay to the Order of _____ \$ _____
			_____ Dollars
			100
			In Payment of Claim No. _____
			_____ Treasurer

Prescribed by State Board of Accounts		Form No. 509 (1967)	
Fund		No. _____	
Appr. No.	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	SAMPLE	Pay to the Order of _____ \$ _____
			_____ Dollars
			100
			In Payment of Claim No. _____
			_____ Treasurer

Prescribed by State Board of Accounts		Form No. 509 (1967)	
Fund		No. _____	
Appr. No.	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	SAMPLE	Pay to the Order of _____ \$ _____
			_____ Dollars
			100
			In Payment of Claim No. _____
			_____ Treasurer

Hours Worked	Gross Pay	Federal With. Tax	Social Security	State With. Tax	Retire- ment	Insur- ance		

Prescribed by State Board of Accounts

Form No. 516 (1967)

PAYROLL CHECK

No. P \_\_\_\_\_

Fund \_\_\_\_\_

PR Claim No. \_\_\_\_\_

Pay to the Order of \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ Dollars

100

\_\_\_\_\_ Treasurer

Prescribed by State Board of Accounts

Form No. 516 (1967)

PAYROLL CHECK

No. P \_\_\_\_\_

Fund \_\_\_\_\_

PR Claim No. \_\_\_\_\_

Pay to the Order of \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ Dollars

100

\_\_\_\_\_ Treasurer

Prescribed by State Board of Accounts

Form No. 516 (1967)

PAYROLL CHECK

No. P \_\_\_\_\_

Fund \_\_\_\_\_

PR Claim No. \_\_\_\_\_

Pay to the Order of \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ Dollars

100

\_\_\_\_\_ Treasurer

Prescribed by State Board of Accounts

Form No. 516 (1967)

PAYROLL CHECK

No. P \_\_\_\_\_

Fund \_\_\_\_\_

PR Claim No. \_\_\_\_\_

Pay to the Order of \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ Dollars

100

\_\_\_\_\_ Treasurer

Prescribed by State Board of Accounts

Form No. 516 (1967)

PAYROLL CHECK

No. P \_\_\_\_\_

Fund \_\_\_\_\_

PR Claim No. \_\_\_\_\_

Pay to the Order of \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ Dollars

100

\_\_\_\_\_ Treasurer

Prescribed by State Board of Accounts

School City and Town Form No. 517 (Rev. 1997)

# **RECEIPT** OFFICE OF TREASURER OF SCHOOL BOARD

NO. \_\_\_\_\_

(SCHOOL CORPORATION)

IN 19

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

RECEIVED FROM \_\_\_\_\_ \$ \_\_\_\_\_  
 THE SUM OF \_\_\_\_\_ DOLLARS  
 ON ACCOUNT OF \_\_\_\_\_ 100  
 \_\_\_\_\_

TREASURER OF SCHOOL BOARD

Prescribed by State Board of Accounts

School City and Town Form No. 517 (Rev. 1997)

# **RECEIPT** OFFICE OF TREASURER OF SCHOOL BOARD

NO. \_\_\_\_\_

(SCHOOL CORPORATION)

IN 19

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

RECEIVED FROM \_\_\_\_\_ \$ \_\_\_\_\_  
 THE SUM OF \_\_\_\_\_ DOLLARS  
 ON ACCOUNT OF \_\_\_\_\_ 100  
 \_\_\_\_\_

TREASURER OF SCHOOL BOARD

Prescribed by State Board of Accounts

School City and Town Form No. 517 (Rev. 1997)

# **RECEIPT** OFFICE OF TREASURER OF SCHOOL BOARD

NO. \_\_\_\_\_

(SCHOOL CORPORATION)

IN 19

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

RECEIVED FROM \_\_\_\_\_ \$ \_\_\_\_\_  
 THE SUM OF \_\_\_\_\_ DOLLARS  
 ON ACCOUNT OF \_\_\_\_\_ 100  
 \_\_\_\_\_

TREASURER OF SCHOOL BOARD

## Fund

[illegible]

(Investments purchased and then either sold or redeemed in the same calendar year don't need a calculation because interest earned equals interest received.)

EXHIBIT R

OFFICIAL RECEIPTS - INDIVIDUAL TEXTBOOK RENTAL LIST

SCHOOL, INDIANA

Receipt 0001

Date Name of Student Grade

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

Quantity	Description - Name - Series - Code	Unit Price	Total Rental Fee	For Use of Issuing Officer
Total Received		\$	\$	

NOTE TO STUDENTS AND PARENTS:

Care should be exercised in the use of rented textbooks in order that all books may be returned at the close of the school term in useable condition. For each textbook lost or returned damaged beyond use, an additional charge may be made as determined by school officials. Items available for classroom use not issued to students shall also be listed. If the volume of transactions for grades with a fixed list of books and materials is great enough to demand it, a copy of the printed list may be attached to the TBR-2 form and the form processed with a reference to such attached list instead of further itemization.

Issuing Officer

E  
X  
H  
I  
B  
I  
T  
S

GENERAL FIXED ASSET ACCOUNT GROUP

General Form No. 369

FUND \_\_\_\_\_

DEPARTMENT OR BUILDING \_\_\_\_\_

	Date of Purchase	Description of Asset	Serial Number	Location of Asset	Original Cost of Asset	Estimated Life of Asset	Date of Disposal of Fixed Asset	Amount Received on Disposal or Trade in	Types of General Fixed Assets					Total Fixed Assets
									Land	Buildings	Improvements Other Than Buildings	Machinery and Equipment	Construction in Progress	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
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30														

SAMPLE

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**TRANSFER TUITION STATEMENT**

School Year 19\_\_\_\_ - 19\_\_\_\_

TO: \_\_\_\_\_ School Corporation \_\_\_\_\_ County  
(Transferor Corporation)FROM: \_\_\_\_\_ School Corporation \_\_\_\_\_ County  
(Transferee Corporation)

Number of Days School was in Session for Pupil Attendance \_\_\_\_\_

	Pupil Enrollment	%		Pupil Enrollment	%
Kindergarten	_____	_____	Special Program #1	_____	_____
Elementary	_____	_____	Special Program #2	_____	_____
Middle/Jr. High	_____	_____	Special Program #3	_____	_____
Senior High School	_____	_____	Special Program #4	_____	_____

**GENERAL FUND OPERATING COSTS ACCORDING  
CLASSIFIED BUDGET ACCOUNTS**

Class of School \_\_\_\_\_

1. INSTRUCTION - REGULAR AND SPECIAL PROGRAMS Accounts 11000 and/or 12000, and 16100 and/or 16200 - General Fund Only	\$ _____		
2. SUPPORT SERVICES - ADMINISTRATION Accounts 21600, 23120, 23160, 23190, 23200, and 24000 - General Fund Only			
3. SUPPORT SERVICES - ATTENDANCE, HEALTH, AND GUIDANCE Accounts 21100 through 21500 - General Fund Only			
4. SUPPORT SERVICES - OPERATION AND MAINTENANCE Accounts 25400 - General Fund Only			
5. SUPPORT SERVICES - BUSINESS Accounts 25100, 25200 (excluding 25291) and 25700 - General Fund Only			
6. SUPPORT SERVICES - OTHERS Accounts 22000, 25600, 26000, 29000, and transfers to Self-Insurance Fund - General Fund Only			
7. NONPROGRAMMED CHARGES Accounts 41100 through 41700 for expenses on line 1 - 6 above paid from General Fund through other agencies for appropriate class of school			
8. TOTAL OPERATING COSTS Lines 1 through 7 - General Fund Only	\$ _____		

**TRANSPORTATION**

NOTE: Transportation expenses can be included in the Transfer Tuition Statement ONLY in instances where the transferred students are furnished transportation by the school corporation to which they are transferred and there is a written transportation agreement between the transferor and transferee corporations.

Costs of Transportation Fund - Accounts 25500 (except 25550) and 26400 \$ \_\_\_\_\_

Total Number of Pupils Transported \_\_\_\_\_

Cost per Pupil Transported \$ \_\_\_\_\_

Cost per pupil (above) divided by number of days school was in session equals cost per pupil per day:

\$ \_\_\_\_\_ / \_\_\_\_\_ = \$ \_\_\_\_\_

Cost per pupil per day multiplied by total days transported equals cost of transporting pupils named in this statement:

\$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

LESS: State transportation distribution for transferred pupils

$$\begin{array}{ccccccc} \$ & \text{Distribution} & / & \text{total pupils} & = & \$ & \text{distribution} \\ & & & \text{transported} & & \text{per pupil} & \\ & & & & & / & \text{days school} \\ & & & & & & \text{in session} \end{array} \times \begin{array}{c} \text{\# days} \\ \text{transported} \end{array} = \$ \text{_____}$$

NET AMOUNT DUE FOR TRANSPORTATION

\$ \_\_\_\_\_

**SPECIAL EDUCATION CATEGORIES**

A. Severe Disabilities      B. Mild and Moderate Disabilities      C. Communication Disorders (duplicated count)      D. Homebound programs

**(NOTE: Types A and B are unduplicated counts)**

A. Total pupil days enrolled divided by the number of days school was in session for pupil attendance equals full time pupil equivalent.

\_\_\_\_\_ / \_\_\_\_\_ = \_\_\_\_\_

B. Total Operating Costs (from line 8, page 1) divided by Pupil Enrollment equals Per Capita Cost.

\$ \_\_\_\_\_ / \_\_\_\_\_ = \$ \_\_\_\_\_

C. Per Capita Cost (Section B) times full time pupil equivalent (Section A) equals Gross Amount due for Operating.

\$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_ \$ \_\_\_\_\_

D. LESS the following state or local distributions that are computed in any part using ADM or other pupil count in which the student(s) is included: (Refer to the instructions in the Accounting and Uniform Compliance Guidelines Manual for Indiana Public School Corporations)

Prime time grant under IC 21-1-30 (Grades K-3) \$ \_\_\_\_\_

Tuition Support for basic programs \_\_\_\_\_

Enrollment Growth Grant under IC 21-3-1.7-9.5 \_\_\_\_\_

At Risk grant under IC 21-3-1.7-9.7 \_\_\_\_\_

Academic Honors Diploma Award under 21-3-1.7-9.8 \_\_\_\_\_

Vocational Education Grant under IC 21-3-1.8-3 \_\_\_\_\_

Special Education Grant under IC 21-3-10 \_\_\_\_\_

The portion of the ADA Flat Grant that is available for payment of general operating expenses under IC 21-3-4.5-2 (b) (1) \_\_\_\_\_

The following do not apply to transfers under IC 20-8.1-6.1-3 (Cash Transfers):

Financial Institutions Tax (FIT) \_\_\_\_\_

Vehicle Excise Tax \_\_\_\_\_

**(NOTE: FIT & Excise Tax are amounts received in Calendar Year in which school year begins)**

Property Tax \_\_\_\_\_

County Adjusted Gross Income Tax (CAGIT) \_\_\_\_\_ \$ \_\_\_\_\_

E. Net Amount Due for Operating (Section C Minus Section D). \$ \_\_\_\_\_

Net Amount Due for Transfer Tuition - Operating (E) \$ \_\_\_\_\_

Net Amount Due for Transfer Tuition - Special Equipment (G page 4) \$ \_\_\_\_\_

Net Amount Due for Transportation (from Bottom page 1) \$ \_\_\_\_\_

**TOTAL** net amount due for Transfer Tuition and Transportation \$ \_\_\_\_\_

Less Quarterly Payments:

	Date	Estimated Amount
First Quarter	_____	\$ _____
Second Quarter	_____	_____
Third Quarter	_____	_____
Total Quarterly Payments		\$ _____
Balance Due		\$ _____

**CERTIFICATION OF SPECIAL EQUIPMENT**

I, \_\_\_\_\_, Treasurer of \_\_\_\_\_  
School Corporation, \_\_\_\_\_ County, Indiana, hereby certify that the cost of this corporation's special equipment is as follows:

A Description	B Original Cost	C Year Pur.	D Est. Life	E Annual Allocated Cost	F Number of Students	G Special Equip. Cost for Student Named on Pg 2
	\$			\$		\$
<b>Total Special Equipment Costs</b>						\$

I further certify that the within named students were lawfully transferred to the above named corporation; that the transfers were issued by the proper legal officers of:  
\_\_\_\_\_ (transferring corporation) \_\_\_\_\_ County, Indiana; or, in the  
instance of a cash transfer; authorized by \_\_\_\_\_, residing at \_\_\_\_\_ address,  
as the parent or other person responsible for such transfer tuition; or in the instance of lawfully placed students under IC 20-8.1-6.1 that the  
transfers were issued by the proper legal officer of \_\_\_\_\_ County.

Also that the foregoing statement of transfers, attendance, cost of education, cost of transportation, amount due for tuition, amount due for  
transportation of children who by law were furnished transportation by this school corporation is true and correct, as I verily believe.

Date: \_\_\_\_\_, 19\_\_\_\_ (Signed) \_\_\_\_\_  
Treasurer

## RECEIPT REGISTER

[illegible]

SAMPLE

# EXHIBIT